

Town of Enfield Petition for Zoning Map Change (Zone Change)

Planning Department • Town Hall • 820 Enfield Street • Enfield, Connecticut • 06082 • (860) 253-6355

Staff Use Only

PH # _____

Map _____

Lot _____

Sequence #: _____

Applicant Name: _____

E-mail: _____ **Phone #** _____

Applicant's Address: _____

Property Address (or location in sufficient detail for some one to recognize it or find it): _____

Does applicant own the property? ☐ YES (attach copy of deed) ☐ NO If no, give name and address of owner: _____

(Non-owner applicants must attach appropriate documentation to establish their standing to apply on behalf to the owner)

How many properties are being rezoned? _____ Indicate the **current** zoning district(s)? _____

Indicate the **proposed** zoning district(s)? _____ Total Acreage to be rezoned? _____

What is the intended future use of the involved properties if rezoned? _____

If any of the following facilities are within 1000 feet, indicate the approximate distance, name of the facility, and Street where facility is located:

Schools?		Public Buildings?	
Churches?		Playgrounds?	
Theaters?		Meeting Halls?	

If the property has been the subject of previous applications, attach a list from the Planning Department index.

Twelve copies of a Certified map of the property involved must be submitted and shall show:

North arrow; Property boundaries; A land use map showing all properties located within a 500-foot radius; Names and addresses of current record holders of such properties; The 500-foot radius line shall be shown; Date and scale of map; All streets abutting or within 500 feet with street names.

Who will be representing the application and what is the best way to contact that person (Check best)

Name: _____ Address: _____

☐ (phone) _____

☐ (fax) _____

☐ (e-mail) _____

The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statements contained in all papers filed herewith are true.



Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires: _____

Received in Office: _____

For Staff Use Only

Commission Official Date of Receipt: _____